

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT
The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payments System.

AGENCY INFORMATION		
FEDERAL PROGRAM AGENCY Department of Energy - Idaho Operations Office - Financial Services Division		
AGENCY IDENTIFIER: DOE	AGENCY LOCATION CODE (ALC): 89001302	ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
ADDRESS: 850 Energy Drive MS 1242 Idaho Falls, Idaho 83401-1563		
CONTACT PERSON NAME: KATHY BLACKBURN		TELEPHONE NUMBER (208) 526-0096
ADDITIONAL INFORMATION: AWARD NUMBER: DE-		FAX (208) 526-8874

PAYEE/COMPANY INFORMATION	
NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	DUNS NUMBER
E-MAIL ADDRESS-for notification of pmt date	
CONTACT PERSON NAME:	TELEPHONE NUMBER ()

FINANCIAL INSTITUTION INFORMATION	
NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	
TELEPHONE NUMBER: ()	
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	TELEPHONE NUMBER: ()